



## Medical Director Review/Report

Petition #

Date Received	Deadline	Date Completed
Workers' Name:	MT Agency Claim Number:	
Date Of Accident:	Part of Body Injured:	
Primary Diagnosis:	Subsequent Diagnosis:	
Description of how reopening of medical benefits will keep the injured worker at work or return to work.		
Initial Review	Two-year Review	
<b>Medical Director Review</b>		
Recommendation:	Do Not Reopen	Reopen
Rationale:		
Panel Review: Yes No	Panel Review Completed	
<b>Final Recommendation for Petition to Reopen Medical Benefits</b>		
Recommendation: Do Not Reopen Reopen Two years or less Date: Greater than two years with a two-year review		
Rationale:		
Medical Director's Signature:		
Date:		